CATEGORY: INFANT

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IBE	Infant, Breastfed Exclusively			Breastfed exclusively (No package for infants)
IBEC	Infant, Breastfed Exclusively, Cereal	560	1	Infant Cereal – Gerber Only
IBEJ	Infant, Breastfed Exclusively, Cereal + Juice	265(b) 560	1 1	Juice - as selected Infant Cereal – Gerber Only
ICC	Infant, Breastfed+ Formula – Contract (0-4 months)	725(a)	1	Formula - 1 can powdered Similac Advance
ICCC	Infant, Breastfed+ Formula – Contract, Cereal	560 725(a)	1 1	Infant Cereal – Gerber Only Formula - 1 can powdered Similac Advance
ICCJ	Infant, Breastfed + Formula – Contract, Cereal + Juice	265(b) 560 725(a)	1 1 1	Juice - as selected Infant Cereal – Gerber Only Formula - 1 can powdered Similac Advance
ICO	Infant, Breastfed + *FMC (0-4 months)			Prescribed formula provided by **other** (i.e.,Alimentum Advance) Rx required. See List #1
ICOC	Infant, Breastfed + *FMC, Cereal	560	1	Infant Cereal – Gerber Only Prescribed formula provided by **other** (i.e.,Alimentum Advance) Rx required. See list #1
ICOJ	Infant, Breastfed + *FMC, Cereal + juice	265(b) 560	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by **other** (i.e.,Alimentum Advance) Rx required. See list #1
ICS	Infant, Breastfed + *FMC (0 -4 months)	Shipped to local agency		Prescribed formula provided by **WIC.** Rx required. See list #3
ICSC	Infant, Breastfed + *FMC, Cereal	560 Shipped to local agency	1	Infant Cereal - Gerber Only Prescribed formula provided by **WIC.** Rx required. See list #3
ICSJ	Infant, Breastfed + *FMC, Cereal + Juice	265(b) 560 Shipped to local agency	1 1	Juice – as selected Infant Cereal - Gerber Only Prescribed formula provided by **WIC.** Rx required. See list #3

FOOTNOTES:

a.   **Indicates the food item number for the "default" food or formula.**

b.   **Indicates an example juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.**

c.   **Indicates an example therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).**

*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

CATEGORY: INFANT

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
ICT	Infant, Breastfed + *FMC *(0-4 months)*	863(c)	3, 4 or 5	Prescribed formula - as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
ICTC	Infant, Breastfed + *FMC, Cereal	560 863(c)	1 3, 4 or 5	Infant Cereal - Gerber Only Prescribed formula - as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
ICTJ	Infant, Breastfed+ *FMC, Cereal + Juice	265(b) 560 863(c)	1 1 3, 4 or 5	Juice – as selected Infant Cereal - Gerber Only Prescribed formula - as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
IFC	Infant, Formula fed, Contract *(0-4 months)*	730(a)	1	Formula - 9 cans powdered Similac Advance
IFCC	Infant, Formula fed, Contract *Cereal*	560 730(a)	1 1	Infant Cereal - Gerber Only Formula - 9 cans powdered Similac Advance
IFCJ	Infant, Formula fed, Contract, Cereal + Juice	265(b) 560 730(a)	1 1 1	Juice - as selected Infant Cereal - Gerber Only Formula - 9 cans powdered Similac Advance
IFO	Infant, *FMC fed (0-4 months)			Prescribed formula provided by **other** (i.e., Alimentum Advance) Rx required. See list #1
IFOC	Infant, *FMC fed, Cereal	560	1	Infant Cereal – Gerber Only Prescribed formula provided by **other** (i.e., Alimentum Advance) Rx required. See list #1
IFOJ	Infant, *FMC fed, Cereal + Juice	265(b) 560	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by **other** (i.e., Alimentum Advance) Rx required. See list #1

FOOTNOTES:

a. **Indicates the food item number for the "<u>default</u>" food or formula.**

b. **Indicates an <u>example</u> juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.**

c. **Indicates an <u>example</u> therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).**

*FMC = Formulas for Medical Conditions. (Formerly called: Therapeutic Formula)

CATEGORY: INFANT

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
IFS	Infant, *FMC fed *(0 -4 months)*	Shipped to local agency		Prescribed formula provided by **WIC.** Rx Required. See list #3
IFSC	Infant, *FMC fed, Cereal	560 Shipped to local agency	1	Infant Cereal – Gerber Only Prescribed formula provided by **WIC.** Rx Required. See List #3
IFSJ	Infant, *FMC fed, Cereal + Juice	265(b) 560 Shipped to local agency	1 1	Juice – as selected Infant Cereal – Gerber only Prescribed formula provided by **WIC.** Rx Required. See list #3
IFT	Infant, *FMC fed *(0-4 months)*	863(c)	3, 4 or 5	Prescribed formula – as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
IFTC	Infant, *FMC fed, Cereal	560 863(c)	1 3, 4 or 5	Infant Cereal – Gerber Only Prescribed formula – as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
IFTJ	Infant, *FCM fed, Cereal + Juice	265(b) 560 863(c)	1 1 3, 4 or 5	Juice – as selected Infant Cereal - Gerber Only Prescribed formula - as provided on **WIC Food Instruments** (i.e., Alimentum Advance) Rx Required. See list #2
IT	Infant Toddler (During month of first birthday)	001 900 228(b) 300 425(a)	1 1 1 1 1	Milk -fl/dry/evap - 1 gal Milk –fluid only 2 gal Cheese - 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz Beans – 1 lb dry
ITI	Infant Toddler (During month of first birthday), *Increased Food*	001 002 900 231(b) 300 425(a)	1 1 1 1 1 1	Milk - fl/dry/evap - 1 gal Milk - fl/dry/evap - 1 _ gal Milk – fluid only - 2 gal Cheese - 2 lb block Eggs – 2 doz Juice – as selected Cereal – 36 oz Beans – 1 lb dry

FOOTNOTES:

a.   Indicates the food item number for the "<u>default</u>" food or formula.

b.   Indicates an <u>example</u> juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.

c.   Indicates an <u>example</u> therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).

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7/23/04

CATEGORY: INFANT

FOOD PKG ID	FOOD PKG NAME	FOOD ITEM #	# FOOD INSTRUMENT (CHECKS)	BASIC/DEFAULT FOOD PACKAGE DESCRIPTIONS
ITL	Infant Toddler (In month of first birthday), *Low Lactose*	004	1	Lactose Free Milk/Acidophilus - 1 gal
		901	1	Lactose Free Milk/Acidophilus - 2 gal Cheese - 2 lb block Eggs - 2 doz
		228(b) 300 425(a)	1 1 1	Juice – as selected Cereal – 36 oz Beans – 1 lb dry
ITM	Infant Toddler, Milk (During month of first birthday)	001 101 228(b) 300 425 476	3 1 1 1 1 1	Milk - fl/dry/evap – 1 gal Cheese - 2 lb block Juice – as selected Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz
ITML	Infant Toddler, Milk - Low Lactose (In month of first birthday)	004	3	Lactose Free Milk/Acidophilus - 1 gal
		101 228(b) 300 425(a) 476	1 1 1 1 1	Cheese - 2 lb block Juice – as selected Cereal – 36 oz Beans – 1 lb dry Eggs - 2 doz
IFH	Infant, Formula fed, *Homeless, (0-4 months)*	727(a)	4	Formula - 2 cans powdered Similac Advance
IFHC	Infant, Formula fed, *Homeless, Cereal*	727(a)	4	Formula - 2 cans powdered Similac Advance
		561	3	Infant Cereal - Gerber Only
IFHJ	Infant, Formula fed, *Homeless,* Cereal + Juice	727(a)	4	Formula - 2 cans powdered Similac Advance
		561 265(b)	3 2	Infant Cereal - Gerber Only Juice – as selected

FOOTNOTES:

a. **Indicates the food item number for the "<u>default</u>" food or formula.**

b. **Indicates an <u>example</u> juice. The food item number will correspond to the form and flavor (type) of juice the participant selects. See the attached list of all food item codes for juice.**

c. **Indicates an <u>example</u> therapeutic formula, i.e. Alimentum Advance. The food item number will correspond to the prescribed therapeutic formula. See the attached list of prescribed formulas that are organized according to the participant category and the payer (lists 1-5).**

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